

NAVFAC

**OCCUPATIONAL
SAFETY AND HEALTH
PROGRAM ASSESSMENT
(OSHPA)**



IMPLEMENTATION GUIDE

*Version 1.0
June 2002*

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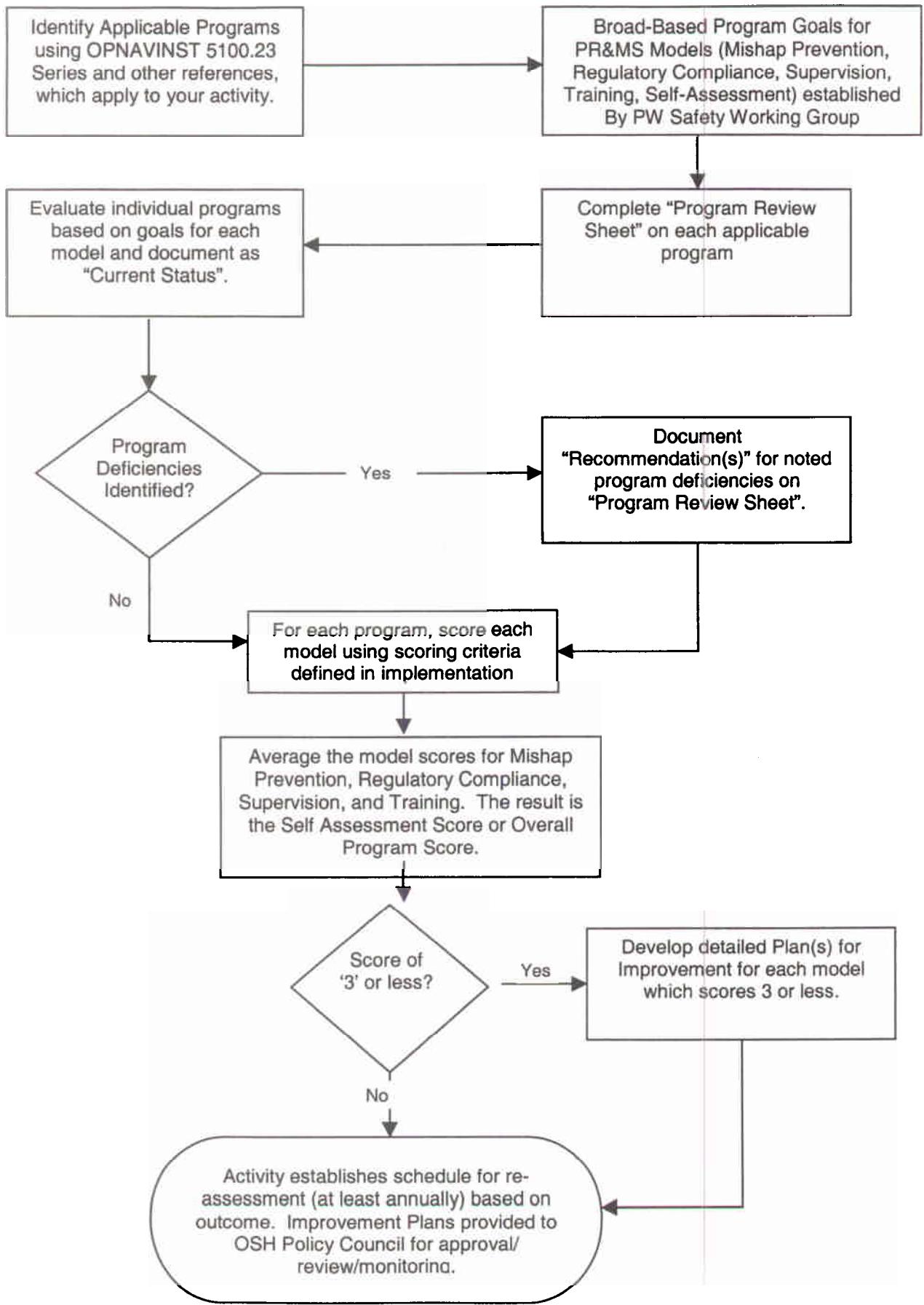
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INTRODUCTION

To comply with requirements of OPNAVINST 5100.23 Series, NAVFACENGCOM modified the BUMED Occupational Safety and Health Program Assessment developed by Naval Hospital Beaufort. This method requires applying the four Process Review and Measurement System models (Mishap Prevention, Regulatory Compliance, Supervision, and Training) to each major program, assigning a numeric assessment score to each model, and then using the scores as a self-assessment indicator.

An overview of the process can be viewed on the following pages.

OVERVIEW



PROCESS

IDENTIFYING APPLICABLE PROGRAM AREAS:

- The best place to begin is OPNAVINST 5100.23 Series. Assess the applicability of each chapter to your activity. All chapters will not be applicable to all activities.
- Include other major program areas which are not specifically addressed by OPNAVINST 5100.23 Series, such as “fall protection”, “explosives safety”, “traffic safety programs”, etc.

PROGRAM REVIEW SHEET:

- Program review sheets are designed to provide a concise summary of each program (with PR&MS models applied) on a single sheet.
- After identifying applicable program areas, create a program review sheet for each.
- Each model has 3 bullets: Current Status, Recommendation(s), and Score.
- A sheet is required for every program activities identify on the Scoring Grid Sheet.
- Electronic templates will be provided for all the program elements identified on the attached Scoring Grid.
- Sample Program Review Sheets are provided for your information.

GOALS:

- Instead of establishing specific goals for individual programs, broad-based goals were developed for each PR&MS model and applied to each program as shown below:
 - **Mishap Prevention**
-To eliminate occupational injuries/illnesses.
 - **Regulatory Compliance**
- To achieve and sustain regulatory compliance.
 - **Supervision**
- To ensure all managers and supervisors are equipped, qualified, prepared and accountable for safely conducting daily operations.
 - **Training**
- To ensure our workforce is fully trained and qualified to safely accomplish the command mission.

- **Self –Assessment**

- To review our processes, measure our performance and implement improvement initiatives.

CURRENT STATUS:

- This is the section where the current status of the program as it relates to the goal is summarized. You will, most likely, have supporting documentation (statistics, metrics, surveys, etc.) from which the summary is developed.

RECOMMENDATION(s):

- In this section, recommendations for improvement are summarized.
- If plans for improvement are recommended, they will be separate documents.

SCORE:

- Each PR&MS model (except, self-assessment) for each program is assigned a score using the following criteria:

Score	Description
5	Substantial compliance
4	Significant compliance. No critical deficiencies have been noted but specific improvements should be implemented.
3	Partial Compliance. No critical deficiencies have been noted but major improvements should be implemented.
2	Minimal Compliance. Major program improvements are required immediately. Critical deficiencies may exist.
1	No compliance. Programs may be inadequate to support a safe and effective environment.

- Scores of 1, 2, or 3 require a Plan for improvement. Plans for improvement are developed as separate documents and shall be approved by the OSH Policy Council or Executive Steering Group. Improvement initiatives shall be tracked until substantial or significant compliance is achieved.
- The scoring system is easy to understand and explain to CO's, executive boards, and supervisors, and can be easily converted to charts/graphs for comparison.

SELF-ASSESSMENT:

- Scores for the 4 models (Mishap Prevention, Regulatory Compliance, Supervision, and Training) are averaged to determine a self-assessment score for the individual program. (The spreadsheet will calculate the averages).
- This becomes the overall program score in the Self-Assessment section.

SCORING GRID (EXCEL SPREADSHEET)

- With minimal knowledge of Excel spreadsheets, the scoring grid can be manipulated to accommodate any number of programs with a few simple adjustments.
- List each applicable program for your activity in Column B of the Spreadsheet (inserting or deleting rows as necessary). *Spreadsheet Note: Remember when inserting rows, that the formula(s) will need to be copied to the new rows.*
- Column A is a program identifier code developed for the purpose of concise, neat graphs. Programs are represented by numeric codes.
- Columns C through F are the PR&MS model scores (transferred from the review sheets).
- Column G – Self-Assessment. As the model scores are entered, the average (of the 4 models) will be calculated in Column G resulting in the self-assessment score for the individual program.
- On Row 39, overall model scores are averaged. While these averages are useful, they should not provide a false sense of security regarding the overall OSH program status.

Spreadsheet Note: The formula will need to be manipulated to accommodate the number of programs evaluated - easy to do:

- Count the number of programs in column A
- In the Row labeled “Overall Model Score” (row 39), click in column C (total score of “Mishap Prevention”)
- In the formula bar (at the top of the spreadsheet under the toolbar), you will see a formula which looks something like this $SUM(C2:C34)/33$
- The number following the slash (in this example: 33), represents the total number of programs being reviewed. This number calculates the average, so its accuracy is critical.
- The range represented by the cell numbers within the parentheses (in the example “C2: C34”) will be the cell numbers used for the computation. Make sure the range in the formula coincides with the program row numbers. In the sample grid, the first program is on row 2 and the last is on row 34, hence the range C2: C34, D2: D34, E2: E34, etc.

- Grid scores make it very easy to spot trouble areas – just look for 1's, 2's, and 3's. To make it even easier, you can change the font to bold red.
- Self-assessment scores provide an individual program success rate. Row 39, Overall Model Scores, averages scores for all models, providing an indicator of broader (model) issues.
- Once the spreadsheet is completed, any number of graphs can be generated. A few are included in the sample files. If they are set up correctly, the graphs will self-adjust as changes are made to the grid score sheet. (Sample graphs are provided).

PLANS FOR IMPROVEMENT

- Plans for Improvement are typically more detailed than the review sheets. They include elements such as specific taskings, goals, timelines, re-assessment dates, equipment purchases, training needs, etc.
- A sample Plan for Improvement is included in the package. Activities may already have a prescribed format.
- The activity will establish their own follow up schedule for Plans for Improvement (bi-monthly, quarterly, etc.). Following implementation of corrective action, the scores are reassessed at the activity prescribed interval, and the grid adjusted.

RE-ASSESSMENT SCHEDULE

- The grid score spreadsheet is equipped with columns to record the date the program was assessed and the date the program needs to be re-assessed. (Spreadsheet can be sorted by date to quickly identify deadlines).
- All programs must be evaluated at least annually.
- Our plan assesses several programs each quarter to avoid a massive self-assessment project at the end of the year. (Other activities may choose to do the self-assessments of all programs at one time). The worksheet becomes a “living document”.

- Activities will establish criteria for more frequent reviews (semi-annual, quarterly, etc.) which may be based on:
 - Overall Program (Self-Assessment) Score of 3 or less
 - Model Score on an individual program of 1 or 2
 - Program of special interest or high visibility at the activity
 - Safety Council recommendation
- *Example: Ergonomics Program had an overall program score of 2.5. Plans for Improvement were written and implemented. Program was reassessed 6 months later. Score improved to 3. Plans for Improvement were reviewed with additional recommendations. The 6-month re-assessment date was retained because the score had not been increased above 3. Six months later, the program is reviewed and scores 4.5. Since significant improvement had occurred, the program review schedule is re-established at annual intervals.*

ADDITIONAL INFORMATION

- As stated earlier, the worksheet is a living document, continuously changing as programs are assessed and re-assessed. In order to maintain records to show progress, save the worksheet periodically as a dated “archive” file. Quarterly intervals are recommended. For example, assume your worksheet is named “OSHPA FY02”. Save the worksheet on 1 October 01 which provides a “snapshot” of status at the beginning of the fiscal year. Save as “OSHPA Oct 01”. Continue assessing/re-assessing programs and manipulating the OSHPA FY02 worksheet as needed, and saving under the name OSHPA FY02. In December, save the worksheet again as “OSHPA Dec 01”, and so on. This will provide you with snapshots of program assessments throughout the year, which can be extracted, for comparisons.
- Consider assembling OSHPA in 3-ring binders with numbered dividers.

PWC
Process Review and Measurement System
Review of

Mishap Prevention

Goal: To eliminate occupational injuries/illnesses.

Current Status:

Recommendation:

Score:

Regulatory Compliance

Goal: To achieve and sustain regulatory compliance.

Current Status:

Recommendation:

Score:

Supervision

Goal: To ensure all managers and supervisors are equipped, qualified, prepared and accountable for safely conducting daily operations.

Current Status:

Recommendation:

Score:

Training

Goal: To ensure our workforce is fully trained and qualified to safely accomplish the command mission.

Current Status:

Recommendation:

Score:

Self Assessment

Goal: To review our processes, measure our performance and implement improvement initiatives.

Overall Program Score:

Recommendation:

Reviewer

Date(s) Program Assessed: _____

Conducted by: _____ Date: _____

Approved By: _____ Date: _____

Scoring Guidelines

Score 5: Substantial compliance.

Score 4: Significant compliance. No critical deficiencies have been noted but specific improvements should be implemented.

Score 3: Partial Compliance. No critical deficiencies have been noted but major improvements should be implemented.

Score 2: Minimal Compliance. Major program improvements are required immediately. Critical deficiencies may exist.

Score 1: No compliance. Programs may be inadequate to support a safe and effective environment.

Scores resulting in a 1, 2, or 3 will require an action plan presented to the OSH Policy Council or ESG for tracking until substantial or significant compliance is achieved.

Assessment Tools

Documentation Reviewed:

OPNAVINST 5100.23 Series_____

NAVOSH Programs Checklist_____

Activity safety instruction_____

PWC Mishap Log_____ # of mishaps Current FY_____ Past FY_____ Trend_____ (up/down/NC)

STOP Database_____

Inspection Reports_____

Industrial Hygiene Survey_____

SOP/JHA(s)_____

Training Matrix_____

Training Records: # personnel requiring Training_____ # personnel Trained_____

Interviews Conducted:

Of employees_____

Of supervisors_____

Others_____

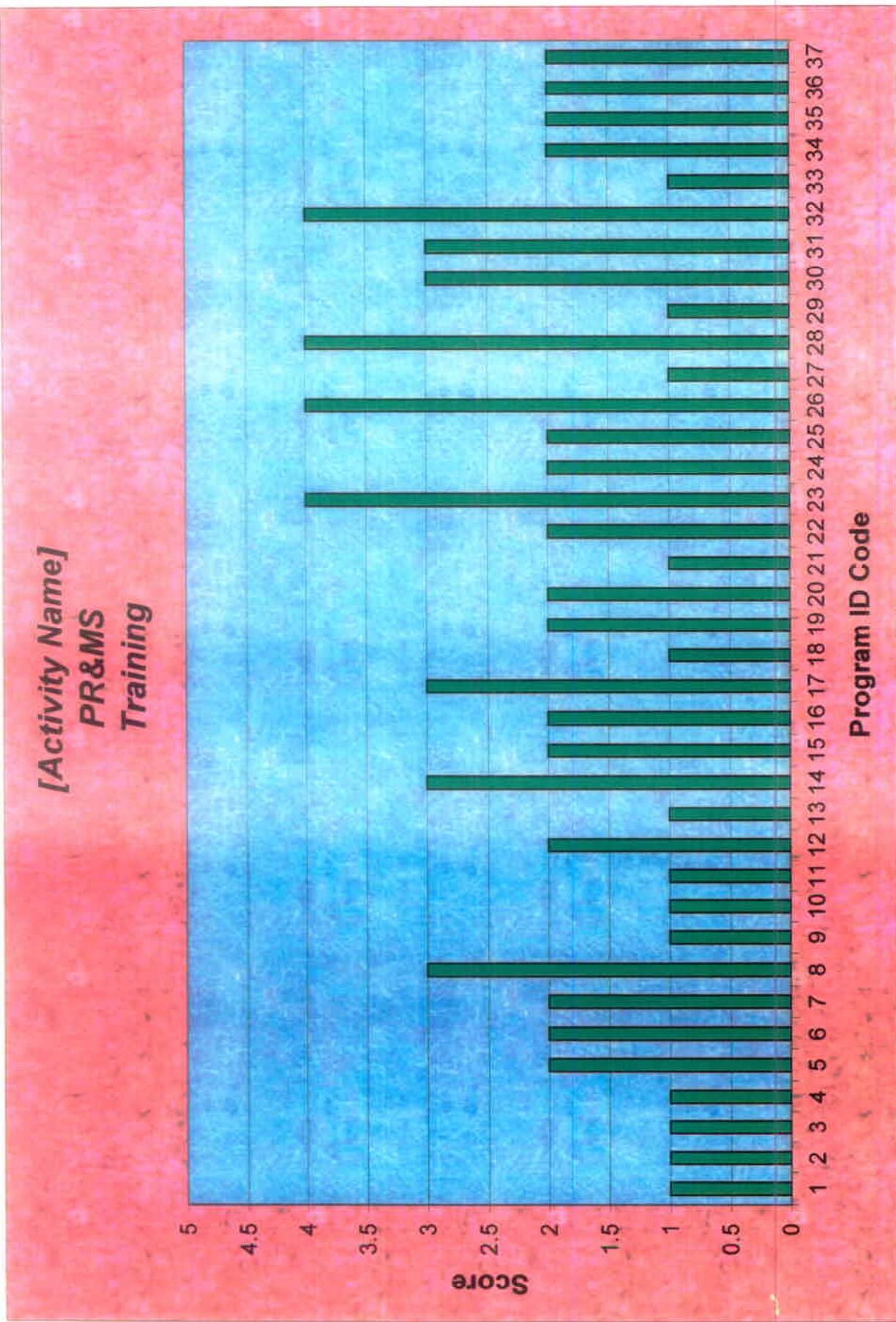
Worksite Evaluation:

Unsafe Observations:_____

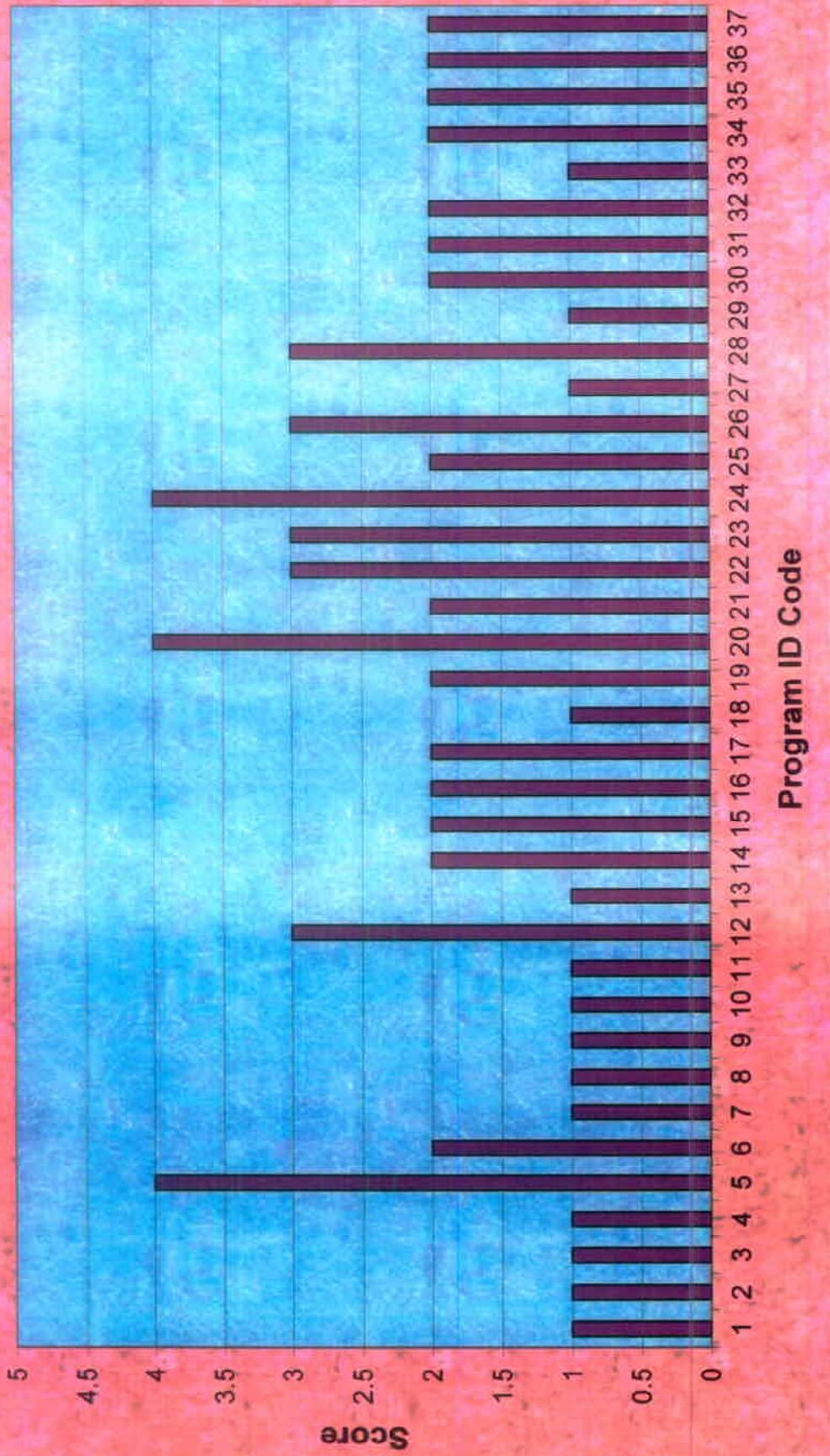
Total Observations:_____

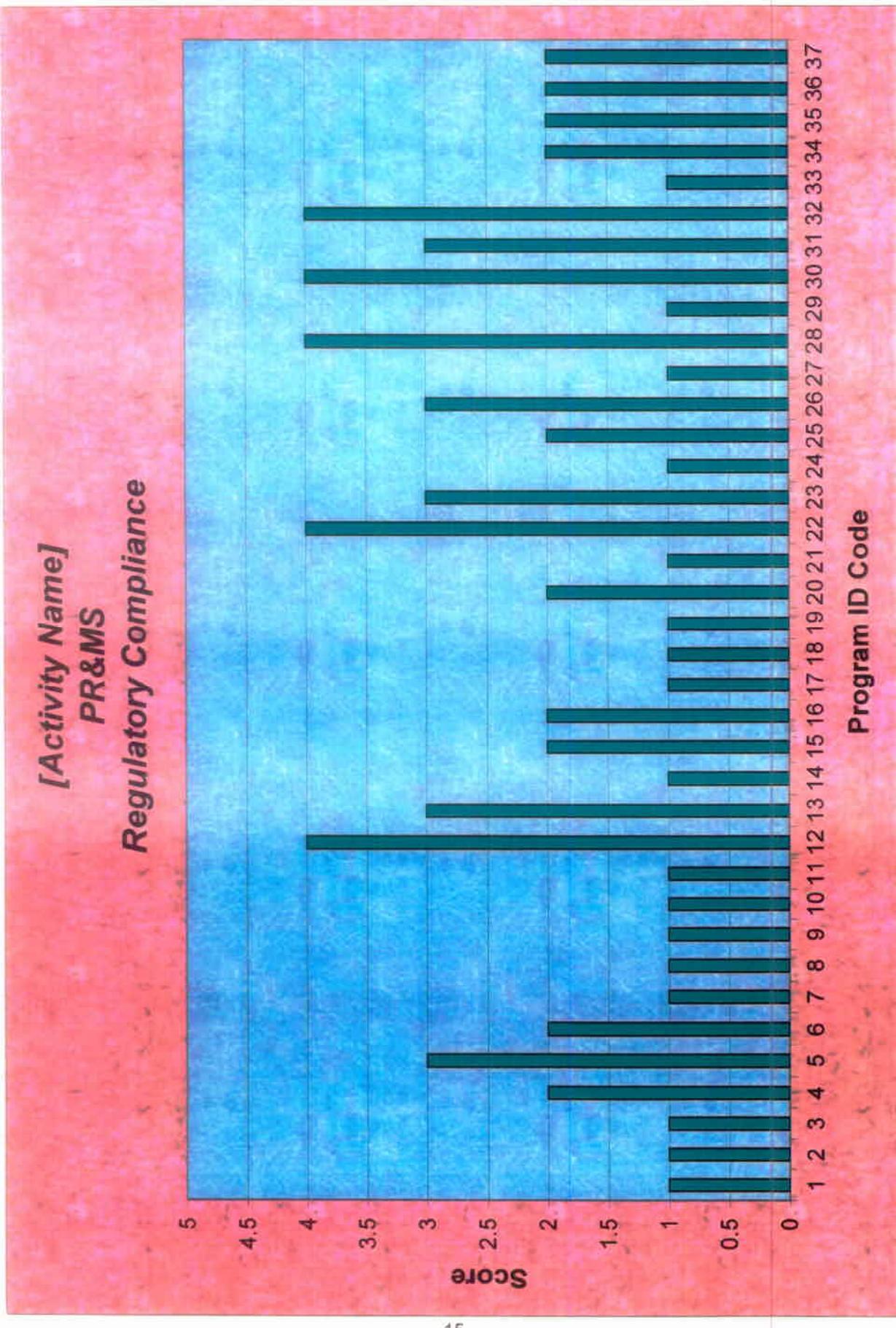
Metrics

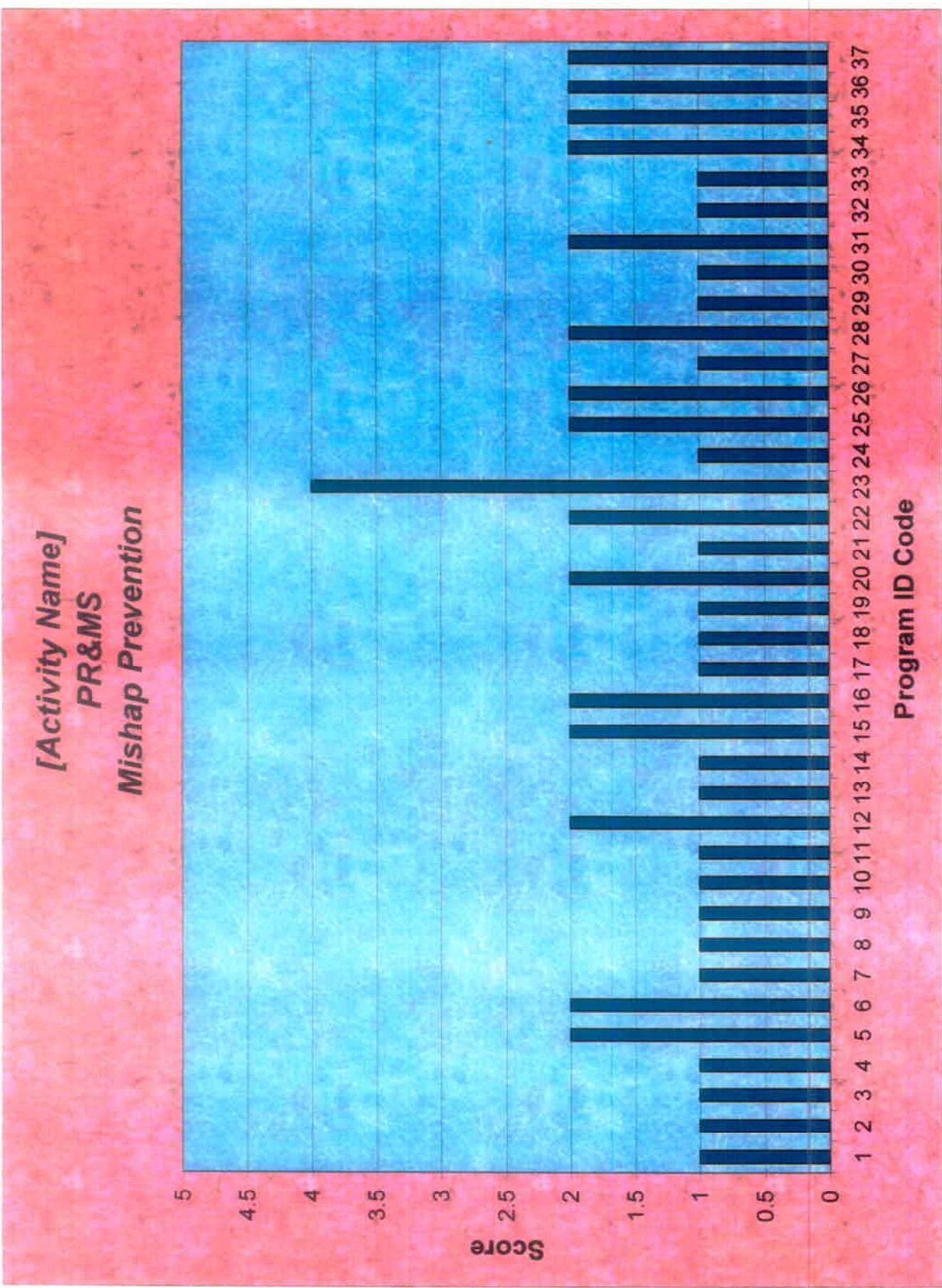
Program ID Code	Program	Mishap Prevention	Regulatory Compliance	Supervision	Training	Self Assessment	Evaluation Date	Review Due
1	Fall Protection	1	1	1	1	1	1.00	01/05/00
2	Responsibilities	1	1	1	1	1	1.00	01/05/00
3	Organization and Staffing	1	1	1	1	1	1.00	01/05/00
4	Councils and Committees	1	2	1	1	1	1.25	01/05/00
5	Prevention and Control of Workplace Hazards-ORM/JHA/AHA	2	3	4	2	2	2.75	01/05/00
6	Training	2	2	2	2	2	2.00	01/05/00
7	Hazardous Material Control and Management	1	1	1	2	2	1.25	01/05/00
8	Occupational Health	1	1	1	3	1	1.50	01/05/00
9	NAVOOSH Inspection Program	1	1	1	1	1	1.00	04/05/00
10	Employee Reports of Unsafe/Unhealthful Working Conditions	1	1	1	1	1	1.00	04/05/00
11	Inspections/Investigations of Workplaces by Federal/State Offi	1	1	1	1	1	1.00	04/05/00
12	Hazard Abatement Program	2	4	3	2	2	2.75	04/05/00
13	Explosives Safety	1	3	1	1	1	1.50	10/05/00
14	Mishap Investigation, Reporting, and Recordkeeping	1	1	2	3	3	1.75	04/05/00
15	Respiratory Protection	2	2	2	2	2	2.00	04/05/00
16	Motor Vehicle/Traffic Safety	2	2	2	2	2	2.00	10/05/00
17	Asbestos Control	1	1	2	3	1	1.75	04/05/00
18	Hearing Conservation and Noise Abatement	1	1	1	1	1	1.00	07/06/00
19	Sight Conservation	1	1	2	2	2	1.50	07/06/00
20	Personal Protective Equipment	2	2	4	2	1	2.50	07/06/00
21	Lead	1	1	2	1	1	1.25	07/06/00
22	Non-Ionizing Radiation	2	4	3	2	2	2.75	07/06/00
23	Ergonomics Program	4	3	3	4	4	3.50	07/06/00
24	Energy Control Program (Lockout/Tagout)	1	1	4	2	2	2.00	07/06/00
25	Polychlorinated Biphenyls (PCB)	2	2	2	2	2	2.00	10/05/00
26	Man-Made Vitreous Fibers	2	3	3	4	3	3.00	07/06/00
27	Confined Space Entry (CSE) Program (Non-Maritime)	1	1	1	1	1	1.00	07/06/00
28	Bloodborne Pathogens	2	4	3	4	3	3.25	07/06/00
29	Occupational Reproductive Hazards	1	1	1	1	1	1.00	10/05/00
30	Indoor Air Quality Management	1	4	2	3	2	2.50	10/05/00
31	Weight Handling Equipment	2	3	2	3	2	2.50	10/05/00
32	Safety and Occupational Health Awards Program Ashore	1	4	2	4	2	2.75	10/05/00
33	Utilities, Transmission, Distribution Systems	1	1	1	1	1	1.00	10/05/00
34	Scaffolding	2	2	2	2	2	2.00	10/05/00
35	Contract/Contractor Oversight	2	2	2	2	2	2.00	10/05/00
36	Environmental- Pest Control, Emergency Response, Oil spill	2	2	2	2	2	2.00	10/05/00
37	Trenching/Excavation	2	2	2	2	2	2.00	10/05/00
Overall Model Score		1.49	1.95	1.92	2.00	1.84		
Scoring Criteria								
5 - Substantial compliance								
4 - Significant compliance. No critical deficiencies have been noted but specific improvements should be implemented.								
3 - Partial compliance. No critical deficiencies have been noted but major improvement should be implemented								
2 - Minimal compliance. Major program improvements are required immediately. Critical deficiencies may exist.								
1 - No compliance. Program may be inadequate to support a safe and effective environment.								



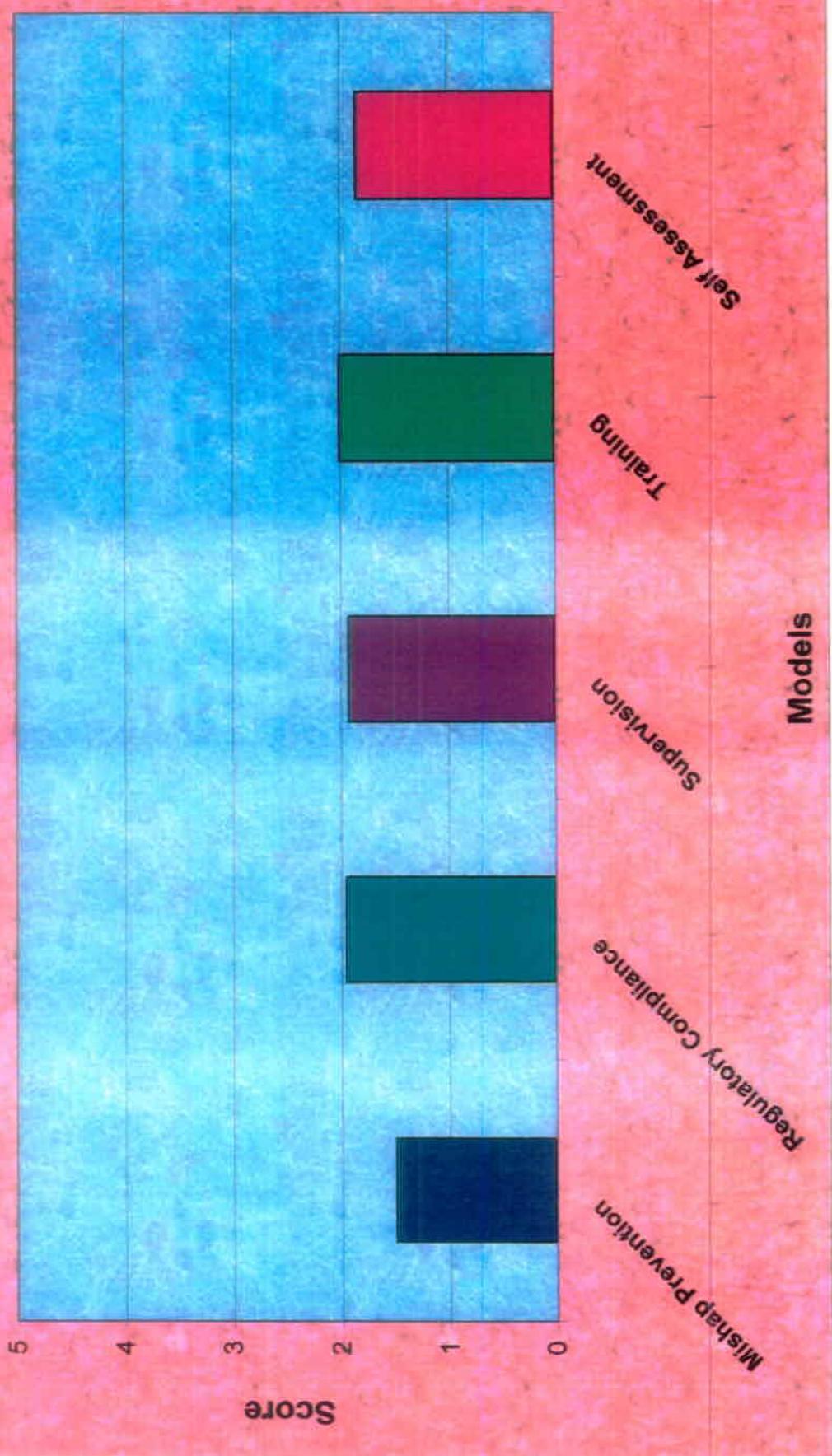
*[Activity Name]
PR&MS
Supervision*







[Activity Name]
PROCESS REVIEW AND MEASUREMENT SYSTEM
Model Summary



PWC SAMPLE
Process Review and Measurement System
Review of
Confined Space Program

Mishap Prevention

Goal: To eliminate occupational injuries/illnesses.

Current Status: Based on a review of Occupational Injuries/Illness Logs for the last three years there have been 2 reported lost time mishaps associated with the Confined Space Program..

Recommendation: None

Score: (4)

Regulatory Compliance

Goal: To achieve and sustain regulatory compliance.

Current Status: Implementation of the program at PWC Anywhere is based on the following references: OPNAVINST 5100.23 Series, NAVFACINST 5100.11J, 29 CFR 1910.146 and PWC Anywhere Instruction 5100....The inventory of confined spaces is completed and entered into a database. Inspection and test results need to be added to increase the database's value.

Recommendation: None

Score: (5)

Supervision

Goal: To ensure all managers and supervisors are equipped, qualified, prepared and accountable for safely conducting daily operations.

Current Status: Production General Foreman presented a plan of action to resolve the identified deficiencies to the Safety Policy Council. Confined Space Program Audit deficiencies resolved.

Recommendation: None

Score: (4)

Training

Goal: To ensure our workforce is fully trained and qualified to safely accomplish the command mission.

Current Status: Safety Manager and specialists (CSPM and ACSPM) are all appropriately trained and appointed. Confined Space Qualified Persons are trained and received the appropriate annual refresher training (Completed October 2001). Naval Station Great Lakes holds "Confined Space Rescue Drills" and conducts "classroom training on a quarterly basis". However, drill critiques are not available.

Recommendation: Have requested Fire Department notify us so we can participate in the next drill.

Score: (3)

Self Assessment

Goal: To review our processes, measure our performance and implement improvement initiatives.

(Attach the annual program evaluation. If the evaluation is in sufficient detail, it should be used as a major part of the assessment).

Overall Program Score: 4

Recommendation: None

Reviewer

Date(s) Program Assessed: _____

Conducted by: _____ Date: _____

Approved By: _____ Date: _____

Scoring Guidelines

Score 5: Substantial compliance.

Score 4: Significant compliance. No critical deficiencies have been noted but specific improvements should be implemented.

Score 3: Partial Compliance. No critical deficiencies have been noted but major improvements should be implemented.

Score 2: Minimal Compliance. Major program improvements are required immediately. Critical deficiencies may exist.

Score 1: No compliance. Programs may be inadequate to support a safe and effective environment.

Scores resulting in a 1, 2, or 3 will require an action plan presented to the OSH Policy Council or ESG for tracking until substantial or significant compliance is achieved.

Assessment Tools

Documentation Reviewed:

OPNAVINST 5100.23 Series _____

NAVOSH Programs Checklist _____

Activity safety instruction _____

PWC Mishap Log _____ # of mishaps Current FY _____ Past FY _____ Trend _____ (up/down/NC)

STOP Database _____

Inspection Reports _____

Industrial Hygiene Survey _____

SOP/JHA(s) _____

Training Matrix _____

Training Records: # personnel requiring Training _____ # personnel Trained _____

Interviews Conducted:

Of employees - 10

Of supervisors - 9

Others

Worksite Evaluation:

Unsafe Observations: 3

Total Observations: 20

Metrics

345 permit required spaces labeled X 100 = 95% PRS labeled

363 permit required spaces requiring labeling

PWC SAMPLE
Process Review and Measurement System
Review of
Hazard Abatement Program

Mishap Prevention

Goal: *To eliminate occupational injuries/illnesses.*

Current Status: Based on a review of Occupational Injuries/Illness Logs for the last three years there have been 3 reported mishaps where unsafe/unhealthful working conditions were a contributing factor.

Recommendation: None

Score: (4)

Regulatory Compliance

Goal: *To achieve and sustain regulatory compliance.*

Current Status: All 179 deficiencies written in FY-02 were abated with local funding. We strive to have most NAVOSH deficiencies routinely corrected by in-house work force within 30 days.

Recommendation: None

Score: (5)

Supervision

Goal: *To ensure all managers and supervisors are equipped, qualified, prepared and accountable for safely conducting daily operations.*

Current Status: Deficiencies were reviewed and reported to the CO through the Safety Policy Council. 98% of the deficiency notices were completed by supervisors and returned to the Safety Office within 30 days.

Recommendation: Re-emphasize the importance of returning all deficiency notices to the Safety Department in a timely manner.

Score: (4)

Training

Goal: *To ensure our workforce is fully trained and qualified to safely accomplish the command mission.*

Current Status: Inspection and hazard abatement procedures were topics included in the supervisors annual training. 100% of the supervisors received annual training during the past fiscal year.

Recommendation: None

Score: (5)

Self Assessment

Goal: *To review our processes, measure our performance and implement improvement initiatives.*

Overall Program Score: 4.5

Recommendation: None

Reviewer

Date(s) Program Assessed: _____

Conducted by: _____ Date: _____

Approved By: _____ Date: _____

Scoring Guidelines

Score 5: Substantial compliance.

Score 4: Significant compliance. No critical deficiencies have been noted but specific improvements should be implemented.

Score 3: Partial Compliance. No critical deficiencies have been noted but major improvements should be implemented.

Score 2: Minimal Compliance. Major program improvements are required immediately. Critical deficiencies may exist.

Score 1: No compliance. Programs may be inadequate to support a safe and effective environment.

Scores resulting in a 1, 2, or 3 will require an action plan presented to the OSH Policy Council or ESG for tracking until substantial or significant compliance is achieved.

Assessment Tools

Documentation Reviewed:

OPNAVINST 5100.23 Series_____

NAVOSH Programs Checklist_____

Activity safety instruction_____

PWC Mishap Log_____ # of mishaps Current FY_____ Past FY_____ Trend_____ (up/down/NC)

STOP Database_____

Inspection Reports_____

Industrial Hygiene Survey_____

SOP/JHA(s)_____

Training Matrix_____

Training Records: # personnel requiring Training_____ # personnel Trained_____

Interviews Conducted:

Of employees_____

Of supervisors_____

Others_____

Worksite Evaluation:

Unsafe Observations: _____

Total Observations: _____

Metrics

179 deficiencies abated X 100 = 100% of deficiencies abated
179 deficiencies written

Target: 100% of written deficiencies corrected

175 of deficiencies corrected within 30 days X 100 = 98% corrected within 30 days
179 of deficiencies written

Target: 100% of written deficiencies are corrected within 30 days

PWC SAMPLE
Process Review and Measurement System
Review of
Organization and Staffing

Mishap Prevention

Goal: To eliminate occupational injuries/illnesses.

Current Status: Safety Manager is on staff of the Commanding Officer and reports to the Executive Officer for routine OSH matters.

Recommendation: None

Score: (5)

Regulatory Compliance

Goal: To achieve and sustain regulatory compliance.

Current Status: The Safety Office is staffed to Level 1. See attached matrix for staffing levels. Operating budget is adequate to cover support costs including staff training, equipment and supplies.

Recommendation: None

Score: (5)

Supervision

Goal: To ensure all managers and supervisors are equipped, qualified, prepared and accountable for safely conducting daily operations.

Current Status: CO/XO fully understand that the safety office role is technical advisor/consultant and that the activity safety program is a command program and line management function.

Recommendation: None

Score: (5)

Training

Goal: To ensure our workforce is fully trained and qualified to safely accomplish the command mission.

Current Status: All safety staff receive a minimum of 8 CEU's per year. All required Program Manager Training (i.e. CSPM, RPP, APM, etc.) is current.

Recommendation: None

Score: (5)

Self Assessment

Goal: To review our processes, measure our performance and implement improvement initiatives.

Overall Program Score: (5)

Recommendation: None

Reviewer

Date(s) Program Assessed: _____

Conducted by: _____ Date: _____

Approved By: _____ Date: _____

Scoring Guidelines

Score 5: Substantial compliance.

Score 4: Significant compliance. No critical deficiencies have been noted but specific improvements should be implemented.

Score 3: Partial Compliance. No critical deficiencies have been noted but major improvements should be implemented.

Score 2: Minimal Compliance. Major program improvements are required immediately. Critical deficiencies may exist.

Score 1: No compliance. Programs may be inadequate to support a safe and effective environment.

Scores resulting in a 1, 2, or 3 will require an action plan presented to the OSH Policy Council or ESG for tracking until substantial or significant compliance is achieved.

Assessment Tools

Documentation Reviewed:

OPNAVINST 5100.23 Series_____

NAVOSH Programs Checklist_____

Activity safety instruction_____

PWC Mishap Log_____ # of mishaps Current FY_____ Past FY_____ Trend_____ (up/down/NC)

STOP Database_____

Inspection Reports_____

Industrial Hygiene Survey_____

SOP/JHA(s)_____

Training Matrix_____

Training Records: # personnel requiring Training_____ # personnel Trained_____

Interviews Conducted:

Of employees_____

Of supervisors_____

Others_____

Worksite Evaluation:

Unsafe Observations:_____

Total Observations:_____

Metrics
staff members required X 100 = % staffed # staff authorized
Salary/support \$ required X 100 = % resourced Salary/support \$ authorized

SUPPORT LEVELS

SL-1: Safety Office fully staffed, educated, funded and the Safety & Occupational Health (SOH) program is in full compliance with Navy, DOD and Federal Regulations/Standards.

SL-2: Safety Office not fully staffed, education ongoing, partially funded and the SOH program is in partial compliance with Navy, DOD and Federal regulations/standards. Areas of non-compliance may impact the mission, and may significantly increase the severity and frequency of accidents.

SL-3: Safety Office minimally staffed, education inadequate, partially funded and the SOH program is not in compliance with Navy, DOD and Federal regulations/standards. Areas of non-compliance severely impact the mission, and significantly increase the severity and frequency of accidents.

SL-4: Safety Office inadequately staffed, educated, funded, and the SOH program does not meet statutory Federal requirements. Mishap rates are out of control.

Process Review and Measurement System - Plans for Improvement

Updated: 14 Jan 02					
ID#	DESCRIPTION	OPPORTUNITY FOR IMPROVEMENT	PLAN FOR IMPROVEMENT	PROGRESS NOTES	ACTION
01-24-T	PROGRAM: Energy Control Program MODEL: Training SCORE: 3 IDENTIFIED: 11 Jan 02 RE-ASSESS: 11 Jul 02	Due to a change incorporated in PWC Instruction 5101.K Chapter 17 supervisors and authorized personnel shall receive refresher training.	<ul style="list-style-type: none"> = Safety Officer conducts training for supervisors = Supervisors conduct refresher training for authorized personnel. 	10 Jan 02: Safety Manager trained supervisors on 6 Jul 01. Maintenance Dept. personnel training is complete with roster provided to OSH Manager (complete). Public Works Utilities roster received from Mr. Davis for his personnel. Need roster for A/C and Steam Plant personnel.	PWO
01-27-R	PROGRAM: Confined Space Entry (CSE) MODEL: Regulatory Compliance SCORE: 3 IDENTIFIED: 11 Jan 02 RE-ASSESS: 11 Jul 02	Implementation of the program at PWC Great Lakes is based on OPNAVINST 5100.23E, and PWC Great Lakes Instruction 5101.4K. Inventory of confined spaces was updated in August 2001. Since previous assessment, entire scope of program has changed. NHIB personnel will be involved in CSE operations. It was determined that the Command needs to implement a comprehensive CSE Program meeting requirements of OPNAV 5100.23E. CSE guidance in PWC Great Lakes Instruction 5101.4K requires a total re-write to accommodate the change in scope.	<ul style="list-style-type: none"> - Update PWC Instruction 5101.4K to include revised CSE Program - PWO designate CSE Manager - PW Appointee attend CSE training - Rescue drill needs to be conducted. 	Dec 2001: Testing equipment was purchased. Ventilation system purchased LT Badar appointed as interim CSE Manager. Jan 2002: Draft instruction for CSE operations is under review, and will be included in revision of PWC Great Lakes Instruction 5101.4K.	PWO

Process Review and Measurement System - Plans for Improvement

Updated: 14 Jan 02					
ID#	DESCRIPTION	OPORTUNITY FOR IMPROVEMENT	PLAN FOR IMPROVEMENT	PROGRESS NOTES	ACTION
01-26-M	PROGRAM: Man-made Vitreous Fibers MODEL: Mishap Prevention SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	<p>Review of Occupational Injury/Illness Log for the past 3 years reflects no incident reports related to man-made vitreous fibers (MMVF) operations, however, there is no formal guidance to prevent mishaps, nor has exposure monitoring been conducted. Personal protective equipment, showers, and HEPA-filtered vacuum are provided to reduce risks of injury/illness.</p>	<p>Develop a MMVF program that shall include elements geared toward mishap prevention.</p>	<p><u>25 Jun 01</u> – Draft SOP developed by Mr. Lepionka and forwarded for review to LT Tasheuras and Mr. Hunt (PW) as well as Mr. Ranches (IH).</p> <p><u>29 Jun 01</u> – Received annotated comments from Mr. Hunt which will be incorporated. Also reviewed by Mr. Ranches with no additional comments. The SOP will be added as a change to the Command Safety Manual, PWC Great Lakes Instruction 5101.4K, as Chapter 20. Distribution is anticipated 1st quarter of FY02.</p> <p><u>14 Jan 02</u>: Distribution of revised 5101.4K planned for 3rd quarter. (Other program changes need to be incorporated).</p>	OSH Manager and PWO and IHO
01-26-R	PROGRAM: Man-made Vitreous Fibers MODEL: Regulatory Compliance SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	<p>Guidance for the implementation of a program is OPNAVINST 5100.23E. Currently, there is no local guidance in the form of SOPs or Instructions. Public Works personnel occasionally perform tasks involving MMVF, primarily limited insulation jobs. A HEPA-filtered vacuum, personal protective equipment, and shower facilities are available for use by personnel involved in MMVF operations.</p>	<p>Safety Office, Public Works, and Industrial Hygiene need to develop an SOP for MMVF operations to include training, preparatory measures, protective measures, equipment availability, and exposure monitoring plans.</p>	<p><u>25 Jun 01</u> – Draft SOP developed by Mr. Lepionka and forwarded for review to LT Tasheuras and Mr. Hunt (PW) as well as Mr. Ranches (IH).</p> <p><u>29 Jun 01</u> – Draft SOP has been reviewed by Public Works and IH. SOP includes all required elements in OPNAVINST 5100.23E. SOP will be added as a change to the Command Safety Manual, PWC Great Lakes Instruction 5101.4K, as Chapter 20. Distribution is anticipated 1st quarter of FY02.</p> <p><u>14 Jan 02</u>: Distribution of revised 5101.4K planned for 3rd quarter. (Other program changes need to be incorporated).</p>	OSH Manager and PWO and IHO

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01-26-S	PROGRAM: Man-made Vitreous Fibers MODEL: Supervision SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	Managers and supervisors do not have written guidance nor formal training on MMVF operations.	Safety Office, Public Works, and Industrial Hygiene need to develop an SOP for MMVF operations to provide guidance to supervisors of personnel involved in MMVF operations.	<u>29 Jun 01</u> – Draft SOP has been reviewed by Public Works and IH. SOP includes guidance for supervisors as well as all required elements in OPNAVINST 5100.23E. SOP will be added as a change to the Command Safety Manual, PWC Great Lakes Instruction 5101.4K, as Chapter 20. Distribution is anticipated 1 st quarter of FY02. <u>14 Jan 02:</u> Distribution of revised NHB 5101.4K planned for 3 rd quarter. (Other program changes need to be incorporated).	OSH Manager and PWO and IHO
01-26-T	PROGRAM: Man-made Vitreous Fibers MODEL: Training SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	No formal training has been conducted specifically addressing MMVF however, PPE training has been conducted addressing the need to wear PPE when working with hazardous materials.	After the SOP for MMVF Operations is finalized, conduct and document training for affected personnel and supervisors.	<u>29 Jun 01</u> – Draft SOP has been reviewed/approved by Safety, Public Works and IH. SOP will be used as a primary training tool. SOP will be finalized upon publication as a change to the Command Safety Manual, PWC Great Lakes Instruction 5101.4K. Distribution is anticipated 1 st quarter of FY02. <u>14 Jan 02:</u> Distribution of revised NHB 5101.4K planned for 3 rd quarter. (Other program changes need to be incorporated).	OSH Manager and PWO and IHO
01-00-3M	PROGRAM: Fall Protection MODEL: Mishap Prevention SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	Review of Occupational Injury/Illness Log for the past 3 years reflects no incident reports related to Fall Protection. Interim control measures are partially implemented and areas of concern are posted and restricted.	Fully implement interim measures until Project N62467-99-C-5167 to install guardrail systems and anchorage points is funded and construction completed.	<u>14 Jan 02:</u> Project has not begun. "Pre-con" meeting scheduled for 16 Jan 02.	PWO

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ID#	DESCRIPTION	OPPORTUNITY FOR IMPROVEMENT	PLAN FOR IMPROVEMENT	PROGRESS NOTES
ACTION				
01-00-3-R	<p>PROGRAM: Fall Protection MODEL: Regulatory Compliance SCORE: 2</p> <p>IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02</p>	<p>Guidance for the implementation of a program is contained in 29CFR1910 and 1926. Currently, there is no local guidance in the form of SOPs or Instructions. Public Works personnel occasionally perform tasks in areas on rooftops that may require fall protection depending on the location where work is performed. Major areas of concern are the rooftops (restricted areas) of Building 1 where parapet walls do not meet height requirements or no railings exist. Command has a "Competent Person" to administer the program and limited personal protective equipment or fall protection equipment, i.e., temporary railing. Per OPNAVINST 5100.23E, Public Works Personnel post NAVOSH Deficiency Notices in the work place for review and entrances to rooftops are secured or posted.</p>	<p>Safety Office and Public Works develop a SOP for Fall Protection operations to include training, preparatory measures, protective measures, and equipment availability.</p>	<p>14 Jan 02: Draft SOP has been developed and will be incorporated into the Safety Manual, 5101.4K.</p> <p>PWO And OSH Manager</p>

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Updated: 14 Jan 02					
ID#	DESCRIPTION	OPORTUNITY FOR IMPROVEMENT	PLAN FOR IMPROVEMENT	PROGRESS NOTES	ACTION
01-00 3S	PROGRAM: Fall Protection MODEL: Supervision SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	Managers and supervisors do not have written guidance or formal training on Fall Protection operations, However, the Command's "Competent Person" received formal training and is qualified to administer the program.	Safety Office and Public Works need to develop an SOP for Fall Protection operations to provide guidance to supervisors of personnel involved in Fall Protection operations.	14 Jan 02: Draft SOP has been developed and will be incorporated into the Safety Manual, 5101.4K.	PWO and OSH Manager
01-00 3T	PROGRAM: Fall Protection MODEL: Training SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	Command's "Competent Person" received formal training and certification 17-21 Jul 00 from Gravitec Systems Inc (training source recommended by NAVOSHENVTRACEN). No formal training has been conducted addressing fall protection for Public Works personnel other than information posted on the NAVOSH Deficiency Notice posted on the bulletin boards and warning signs posted at entrances to roof tops.	After the SOP for Fall Protection Operations is finalized, conduct and document training for affected personnel and supervisors.	14 Jan 02: Draft SOP has been developed and will be incorporated into the Safety Manual, 5101.4K. Training will follow.	PWO and OSH Manager

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ID#	DESCRIPTION	OPORTUNITY FOR IMPROVEMENT	PLAN FOR IMPROVEMENT	PROGRESS NOTES	ACTION
01-21-M	<p>PROGRAM: Lead MODEL: Mishap Prevention SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02</p> <p>Review of Occupational Injury/Illness Log for the past 3 years reflects no incident reports related operations involving exposures to lead, however, there is no formal guidance to prevent mishaps. Exposure monitoring been conducted indicating exposures well below the permissible exposure limit (PEL). Personal protective equipment, showers, and HEPA-filtered vacuum are provided to reduce risks of injury/illness.</p>	<p>Safety Office, Public Works, and Industrial Hygiene need to develop an SOP for operations where there is a potential to exposure to lead to include training, preparatory measures, protective measures, equipment availability, and exposure monitoring plans.</p>	<p>14 Jan 02: Draft SOP is finalized. Will be incorporated into PWC Great Lakes 5101.4K revision.</p>	<p>OSH and PWO and IHO</p>	
01-21-R	<p>PROGRAM: Lead Regulatory Compliance MODEL: Regulatory Compliance SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02</p> <p>Guidance for the implementation of a program is OPNAVINST 5100.23E.</p> <p>Currently, there is no local guidance in the form of SOPs or Instructions. Public Works personnel occasionally perform tasks involving lead which has been primarily been painted surfaces such as old widow sills in housing and various areas of the hospital. A complete lead survey of the facility is on file at Public Works with the Environmental Officer. A HEPA-filtered vacuum, personal protective equipment, and shower facilities are available for use by personnel involved in lead operations.</p>	<p>Safety Office, Public Works, and Industrial Hygiene need to develop an SOP for operations where there is a potential to exposure to lead to include training, preparatory measures, protective measures, equipment availability, and exposure monitoring plans.</p>	<p>14 Jan 02: Draft SOP is finalized. Will be incorporated into PWC Great Lakes 5101.4K revision.</p>	<p>OSH and PWO and IHO</p>	

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01-21-S	PROGRAM: Lead MODEL: Supervision SCORE: 2 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	Managers and supervisors do not have written guidance or formal training on operations involving exposures to lead. However, painters in Public Works have received formal training involving operations where there is a potential of exposure to lead.	Safety Office, Public Works, and Industrial Hygiene need to develop an SOP for operations where there is a potential of exposure to lead to provide guidance to supervisors of personnel involved in operations where there is a potential for exposure.	14 Jan 02: Draft SOP is finalized. Will be incorporated into PWC Great Lakes 5101.4K revision.	OSH and PWO and IHO
01-21-T	PROGRAM: Lead MODEL: Training SCORE: 3 IDENTIFIED: 14 Jan 02 RE-ASSESS: 14 Jul 02	Painters in Public Works have had formal training. Refer to attached documentation.	After the SOP for operations where there is a potential of exposure to lead is finalized, conduct and document training for affected personnel and supervisors.	14 Jan 02: Draft SOP that incorporates training elements has been finalized. Will be incorporated into PWC Great Lakes 5101.4K revision.	OSH and PWO and IHO
01-32-R	PROGRAM: Safety Awards Program MODEL: Regulatory Compliance SCORE: 1 IDENTIFIED: 15 Oct 01 RE-ASSESS: 15 Apr 02	The command safety awards program is established in PWC Great Lakes INST 5101.4K. There have been no awards presented during the last 3 years therefore, program is not implemented.	Submit nominations to the Commanding Officer for endorsement/approval for FY02 awards. Include awards program as an agenda item on an upcoming OSH Policy Council meeting to encourage member participation in soliciting nominees.	Pending	OSH and OSH Policy Council

ID # = FY + PR&MS Program ID# + Model code (M-Mishap Prevention, R-Regulatory Compliance, S-Supervision, T-Training)

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ID#	DESCRIPTION	OPORTUNITY FOR IMPROVEMENT	PLAN FOR IMPROVEMENT	PROGRESS NOTES	ACTION
01-23-M	<p>PROGRAM: Ergonomics MODEL: Mishap Prevention SCORE: 3 IDENTIFIED: 26 Oct 01 RE-ASSESS: 26 Apr 02</p>	<p>Review of Occupational Injury/Illness Log for the past 5 years reflects no incidents directly related to ergonomic issues. Mishap prevention has been addressed informally through occasional awareness campaigns. Currently, the Safety Office is not involved in technical review of equipment where ergonomic features should be considered (such as, workstations, hand tools, chairs, etc.).</p>	<p>Continue to monitor Injury/Illness Logs for trends. Develop technical review procedures in cooperation with Materials Management for equipment/furnishings where ergonomic features should be considered</p>	<p>14 Jan 02: Logs of all injuries/illnesses are currently being reviewed and placed into electronic format. Electronic format will enable staff to electronically generate reports on a monthly and/or quarterly basis identifying trends.</p>	OSH
01-23-R	<p>PROGRAM: Ergonomics MODEL: Regulatory Compliance SCORE: 3 IDENTIFIED: 26 Oct 01 RE-ASSESS: 26 Apr 02</p>	<p>Implementation of the Ergonomics program for PWC Great Lakes is based on OPNAVINST 5100.23E and PWC Great Lakes Instruction 5101.4K. Command wide surveys have not been conducted to identify risk factors. Surveys that have been completed are essentially "upon request".</p>	<p>Command wide surveys need to be conducted ideally in conjunction with annual safety inspections. Develop a plan to complete assessments.</p>	<p>Pending</p>	OSH
01-23-S	<p>PROGRAM: Ergonomics MODEL: Supervision SCORE: 3 IDENTIFIED: 26 Oct 01 RE-ASSESS: 26 Apr 02</p>	<p>Supervisors and managers have not received comprehensive ergonomics training, but have been responsive to employee concerns/complaints, and contact the Safety Office for assistance.</p>	<p>Develop comprehensive training program for supervisors to provide them with the skills necessary to identify potential risks.</p>	<p>14 Jan 02: Training for supervisors to begin Apr 02.</p>	OSH

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ID#	DESCRIPTION	OPORTUNITY FOR IMPROVEMENT	PLAN FOR IMPROVEMENT	PROGRESS NOTES	ACTION
01-23-T	<p>PROGRAM: Ergonomics MODEL: Training SCORE: 3 IDENTIFIED: 26 Oct 01 RE-ASSESS: 26 Apr 02</p> <p>The Safety Specialist and Civilian Industrial Hygienist have completed formal Ergonomics training. There has been no formal training conducted for managers, supervisors, professional staff, or employees. There have been periodic awareness campaigns in the form of bulletin boards, "all-hands" electronic bulletins, posters, and videotaped training (commercially prepared). As individual work-site analyses are conducted, "on-the-spot" training is conducted with individuals involved.</p>	<p>Command-wide training programs need to be developed, and incorporated into Supervisors' Occupational Safety and Health Training Program, as well as formal "all-hands" training.</p>	<p>14 Jan 02: OSH Specialists preparing formal PWC training program for managers, supervisors, professional staff and employees.</p>	<p>OSH</p>	